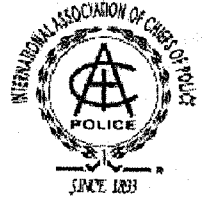




CITY OF FREDERICKSBURG
VIRGINIA



JAMES W. POWERS
Chief of Police
P.O. Box 828
Fredericksburg, VA
22404-0828

Department of Police

Telephone:
(540) 373-3122
Fax:
(540) 372-1108

CITIZEN RIDE-A-LONG REQUEST

Citizen Name: _____ Age: _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____

Telephone: _____ Best Days / Times To Contact: _____

Date / Time Requested to Ride Along: _____

I hereby request permission to "Ride-A-Long" with Officers/Detectives, observing the activity of the Fredericksburg Police Department for the purpose of:

My signature below attests to the fact that I have read and understand the Waiver and Release form.

Signature of Requestor: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(If Requester is a Juvenile)

Patrol Division Commander

Request is: _____ Approved _____ Disapproved

The Citizen named above is authorized to ride _____ hours on the date of _____

with Officer / Detective _____ for the purpose indicated above.

Signature of Patrol Division Commander: _____

TO: Records Bureau Citizen was notified on _____ at _____ am / pm
(Date) (Time)

**DEPARTMENT OF POLICE
Fredericksburg, Virginia**

RIDE-A-LONG RELEASE AND WAIVER

I, _____, on my own behalf for and in consideration of the authorization and permission to accompany an officer of the Fredericksburg Police Department during the course of his or her duties, which may be granted to me upon my request, and after having been fully advised of the potential hazards of such activity or activities, do hereby **WAIVE AND RELEASE** all demands, damages, actions, causes of action, suits and claims of any nature whatsoever, whether in law or in equity, that I or my heirs, next-of-kin or representatives might otherwise have against the City of Fredericksburg, the Fredericksburg Police Department, each and every officer, official, member, employee and agent thereof, in the event of my death or injury, both to person and to property, whether foreseeable or not, which may occur, directly or indirectly, or develop at anytime in the future as a result of my activities or association with the Fredericksburg Police Department, whether in a police vehicle, in the police facility and annexes, or otherwise associated with the Fredericksburg Police Department and officers and officials thereof in any manner whatsoever, during my presence as an authorized observer.

I hereby declare that the terms of this WAIVER AND RELEASE have been fully read and understood by me, and freely and voluntarily entered into and accepted by me, and I hereby acknowledge receipt of a copy of this agreement.

In further consideration of the aforesaid authorization and permission granted to me, I hereby promise and agree to fully comply with all lawful instructions and directions given to me by an officer of the Fredericksburg Police Department.

Signature

Parent or Guardian (if Juvenile)

Notary Public: IN WITNESS WHEREOF, I have hereunto set my hand and seal on this

_____ day of _____, _____
Day Month Year

My commission expires on: _____

Notary Public

This Waiver and Release must be approved by the Patrol Division Commander and forwarded, with a completed and approved copy of the Ride-A-Long Request Form (PD Form 140) to the Records Bureau.

_____ Approved _____ Disapproved by: _____
Patrol Division Commander

**DEPARTMENT OF POLICE
Fredericksburg, Virginia**

RIDE-A-LONG OBSERVER RESPONSE

TO: The Ride-A-Long Observer

The Staff and Officers of the Fredericksburg Police Department hope that your "Ride-A-Long" experience has been informative and enlightening and given you an insight into some of the problems facing law enforcement, your Police Department and Officers, and your community.

We appreciate your taking a few moments to complete this response form. Any comments you may have, whether positive or negative, would be most welcomed and appreciated

Sincerely Yours,

James W. Powers
Chief of Police

RIDE-A-LONG OBSERVERS COMMENTS AND SUGGESTIONS

Name of Rider: _____ Age: _____

1. What impressed you most during your ride?

2. In what way was your attitude or opinion affected as a result of this experience?

3. Do you have any suggestions or criticisms concerning this program?

**DEPARTMENT OF POLICE
Fredericksburg, Virginia**

OFFICER'S RIDE-A-LONG REPORT

Name of Rider: _____ Date of Ride: _____ Time of Ride: _____

Name of Officer: _____ Unit No.: _____ Division: _____

Note any unusual comments made by the rider or activities, which might prove significant at a later date:

If the individual request "Ride-A-Long" permission in the future, should it be granted? ☐ Yes ☐ No

If No, Explain:

Officer's Signature

*After completion, route this form to the Chief of
Police, through usual channels of command.*